PTO/SB/22 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

| PETITION FOR EXTENSION OF TIME                                                                                            |                                                 | Docket Number (Optional)        |                    |                 |  |  |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------|--------------------|-----------------|--|--|
| FY 2009<br>(Fees pursuant to the Consolidated Appropr                                                                     | 64802                                           | 64802 RCE (71004)               |                    |                 |  |  |
|                                                                                                                           | 521-Conf. #8516                                 | Filed F                         | ebruary 6,         | 2006            |  |  |
|                                                                                                                           |                                                 |                                 |                    |                 |  |  |
| For STEREOSCOPIC IMAGE REPROMETHOD                                                                                        | DUCING APPARATUS AN                             | D STEREOSCOPIC IN               | MAGE REP           | RODUCING        |  |  |
| Art Unit 2622                                                                                                             |                                                 | Examiner                        | D.D. Ges           | svain           |  |  |
| This is a request under the provisions of 37 (application.                                                                | CFR 1.136(a) to extend the p                    | eriod for filing a reply in     | the above i        | identified      |  |  |
| The requested extension and fee are as follows:                                                                           | ows (check time period desire                   | ed and enter the approp         | riate fee bel      | low):           |  |  |
|                                                                                                                           | <u>Fee</u>                                      | Small Entity Fee                | <u>.</u>           |                 |  |  |
| One month (37 CFR 1.17(a)(                                                                                                | 1)) \$130                                       | <b>\$65</b>                     | <b>\$</b> _        |                 |  |  |
| x Two months (37 CFR 1.17(a)                                                                                              | (2)) \$490                                      | \$245                           | <b>\$</b> _        | 490.00          |  |  |
| Three months (37 CFR 1.17(a                                                                                               | a)(3)) \$1110                                   | \$555                           | \$_                |                 |  |  |
| Four months (37 CFR 1.17(a)                                                                                               | (4)) \$1730                                     | \$865                           | \$                 |                 |  |  |
| Five months (37 CFR 1.17(a)                                                                                               | (5)) \$2350                                     | \$1175                          | \$_                |                 |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                    |                                                 |                                 |                    |                 |  |  |
| A check in the amount of the fee is                                                                                       |                                                 |                                 |                    |                 |  |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                        |                                                 |                                 |                    |                 |  |  |
| x The Director has already been authorized to charge fees in this application to a Deposit Account.                       |                                                 |                                 |                    |                 |  |  |
| X The Director is hereby authorized t                                                                                     | o charge any fees which m                       | ay be required, or cred         | dit any over       | payment, to     |  |  |
| Deposit Account Number 0 WARNING: Information on this form m                                                              | 04-1105 .                                       | information should not b        | ne included (      | on this form    |  |  |
| Provide credit card information and au                                                                                    |                                                 | miormation should not b         | e moladea (        |                 |  |  |
| I am the applicant/inventor.                                                                                              |                                                 |                                 |                    |                 |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                                                 |                                 |                    |                 |  |  |
| x attorney or agent of i                                                                                                  | record. Registration Number                     | er <u>27,840</u>                | <del></del>        |                 |  |  |
| attorney or agent und                                                                                                     | der 37 CFR 1.34. er if acting under 37 CFR 1.34 |                                 |                    |                 |  |  |
|                                                                                                                           | Max                                             | ,31 2011                        |                    |                 |  |  |
| Signature                                                                                                                 |                                                 | ivia                            | May 31, 2011  Date |                 |  |  |
| David A. Tucker , Reg. No. 27,840                                                                                         |                                                 | (617                            | (617) 239-0100     |                 |  |  |
| Typed or printed name                                                                                                     |                                                 | Teleph                          | Telephone Number   |                 |  |  |
| NOTE: Signatures of all the inventors or assignees of than one signature is required, see below.                          | of record of the entire interest or their       | representative(s) are required. | Submit multipl     | e forms if more |  |  |
| Total of 1 for                                                                                                            | ms are submitted.                               |                                 |                    |                 |  |  |

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| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                 | 04802                       | RCE (71004)                     |  |  |
| Application Nu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                      |                                 | Filed F                     | ebruary 6, 2006                 |  |  |
| For STEREOSCOPIC IMAGE REPRODUCING APPARATUS AND STEREOSCOPIC IMAGE REPRODUCING METHOD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                 |                             |                                 |  |  |
| Art Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2622                                                                                 |                                 | Examiner                    | D.D. Gesvain                    |  |  |
| This is a reques                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | t under the provisions of 37 CFR 1.136                                               | S(a) to extend the peri         | od for filing a reply ir    | n the above identified          |  |  |
| The requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | extension and fee are as follows (check                                              | time period desired             | and enter the approp        | oriate fee below):              |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                      | <u>Fee</u>                      | Small Entity Fee            | 7                               |  |  |
| O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ne month (37 CFR 1.17(a)(1))                                                         | \$130                           | <b>\$65</b>                 | <b>\$</b>                       |  |  |
| X Tv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | vo months (37 CFR 1.17(a)(2))                                                        | \$490                           | \$245                       | \$ 490.00                       |  |  |
| Т                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ree months (37 CFR 1.17(a)(3))                                                       | \$1110                          | \$555                       | \$                              |  |  |
| F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | our months (37 CFR 1.17(a)(4))                                                       | \$1730                          | \$865                       | \$                              |  |  |
| Fi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ve months (37 CFR 1.17(a)(5))                                                        | \$2350                          | \$1175                      | \$                              |  |  |
| Applicant claims small entity status. See 37 CFR 1.27.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                      |                                 |                             |                                 |  |  |
| A chec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | k in the amount of the fee is enclosed                                               | d.                              |                             |                                 |  |  |
| Payment by credit card. Form PTO-2038 is attached.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                      |                                 |                             |                                 |  |  |
| The Director has already been authorized to charge fees in this application to a Deposit Account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                 |                             |                                 |  |  |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ector is hereby authorized to charge t Account Number 04-1105                        | any fees which may              | be required, or cre         | dit any overpayment, to         |  |  |
| WARNING: Information on this form may become public. Credit card information should not be included on this form.  Provide credit card information and authorization on PTO-2038.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      |                                 |                             |                                 |  |  |
| I am the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | applicant/inventor.                                                                  | •                               |                             |                                 |  |  |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                      |                                 |                             |                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | x attorney or agent of record. R                                                     | tegistration Number             | 27,840                      |                                 |  |  |
| attorney or agent under 37 CFR 1.34.  Registration number if acting under 37 CFR 1.34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                 |                             |                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | m 1/m, h                                                                             | <b>_</b>                        | Ma                          | y 31, 2011                      |  |  |
| Signature Dunnie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                      | Date                            |                             |                                 |  |  |
| David A. Tucker , Reg. No. 27,840                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                      | (617) 239-0100                  |                             |                                 |  |  |
| Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                      |                                 | Telep                       | hone Number                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ures of all the inventors or assignees of record of the ture is required, see below. | ne entire interest or their rep | resentative(s) are required | . Submit multiple forms if more |  |  |
| Total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of 1 forms are su                                                                    | bmitted.                        |                             |                                 |  |  |